

HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 21 October 2020

Present:

Councillor Mary Cooke (Chairman)

Councillors Gareth Allatt, Ian Dunn, Judi Ellis,
David Jefferys and Keith Onslow

Mina Kakaiya, Francis Poltera and Vicki Pryde

Also Present:

Councillor Angela Page, Executive Assistant for Adult
Care and Health
Councillor Diane Smith, Portfolio Holder for Adult Care and
Health

13 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

The Chairman welcomed Members to the virtual meeting of the Health Scrutiny Sub-Committee, held via Webex.

Apologies for absence were received from Councillor Robert Evans and Councillor Robert Mcilveen.

The Chairman informed Members that as there had been a significant and personal incident at the PRUH earlier in the day, the representatives from King's College Hospital NHS Foundation Trust had therefore sent their apologies. It had been agreed that a separate meeting could be arranged with the Trust, if required, and Members were asked to notify the clerk if there were any issues that they would like to address.

The Chairman apologised to Members as several reports had been issued late. However, it was noted that all partner organisations had kept in contact, and due to the other calls on their time, it had been agreed that these reports would be accepted.

14 DECLARATIONS OF INTEREST

There were no declarations of interest.

15 QUESTIONS

No questions had been received.

16 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 16TH JULY 2020

RESOLVED that the minutes of the meeting held on 16th July 2020 be agreed.

17 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

The Chairman advised that questions from Members relating to the presentation could be forwarded on to the King's College Hospital NHS Foundation Trust for response.

A Member highlighted the reference to the learnings made from the first wave of the pandemic and enquired as to what the main lessons, to be used in the coming months, had been.

The Chairman noted that several services were being moved to the PRUH and asked what the plans were for Orpington Hospital.

The Chairman asked for further information regarding the NHS 111 First pilot. The Senior Commissioning Manager (Urgent and Emergency Care) – South East London Clinical Commissioning Group advised that this was a dedicated bookable appointment slot. It would be used by 111 to book someone directly into the Emergency Department and reduce the number of “walk-in” attendances. Currently, there was one appointment slot available per hour, however it was anticipated that this would be increased throughout the winter period.

18 BROMLEY WINTER ASSURANCE PLAN 2020/21

Clive Moss, Senior Commissioning Manager (Urgent and Emergency Care) – SEL CCG, and Jodie Adkin, Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau, provided an update on the Bromley Winter Assurance Plan 2020/21.

The Senior Commissioning Manager advised Members that last year, the Bromley System Winter Plan had brought together a single view of how the local health and social care system would proactively manage additional demands felt throughout winter. This year, in addition to winter, the Plan also provided a response to the COVID-19 second wave as set out in the NHS England / Improvement, third phase NHS response letter on 31st July 2020. The Plan, and associated activity, had never been so important as the country

entered, what was likely to be, the most challenging time for the health and social care economy on record.

Alongside the Plan, which highlighted arrangements, risks, mitigations and governance, was the agreed additional funded activity through the CCG, Local Authority (LA) and King's. Furthermore, the Department of Health and Social Care (DHSC) had requested confirmation by the 31st October 2020 of a LA Winter Plan, which was being finalised locally building on the elements highlighted within the ONE Bromley System Winter Plan.

The Plan had been considered and reviewed at the Bromley A&E Delivery Board and would be submitted to the SEL Urgent and Emergency Care Board for review. This approach included coordinated planning for, and management of, winter pressures and other periods of enhanced demand on the health and care system. The Board was facilitated by NHS SEL CCG (Bromley), working in partnership with King's College Hospital, the London Borough of Bromley, Greenbrook Healthcare, Oxleas NHS Foundation Trust, Bromley Healthcare, Bromley GP Alliance, St Christopher's, the London Ambulance Service and Bromley Third Sector Enterprise. The Plan was aligned with the One Bromley Recovery Plan which had been approved by the One Bromley Executive. The plans had been considered and commented on at the Bromley Health and Wellbeing Board and would receive final sign-off following challenge from the Health Scrutiny Sub-Committee. It was noted that the Plan was a "live" document and would be amended as necessary by the health and social care system, with operational oversight from the Bromley A&E Delivery Board.

A Member noted that the Bromley System Winter Plan 2020/21 was a large document and suggested that an index might make it easier to read, particularly on electronic devices. The Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau agreed that a contents page and Executive Summary should be added to the document.

The Committee were requested to review the ONE Bromley System Winter Plan 2020/21 and associated activity, providing scrutiny to the proposal, risks and mitigations. The Chairman highlighted that the report requested the Health Scrutiny Sub-Committee to 'support and challenge the local system to ensure the elements included in the Plan are delivered and the local system works together to respond to the challenging seasonal demand'. As the next meeting of the Sub-Committee was scheduled for January 2021, consideration would need to be given as to how this requirement would be fulfilled.

Members had been provided with the full draft plan, the funded Winter Resilience Schemes, and the Staying Well This Winter 2020/21 draft patient leaflet. The approach taken in the Plan highlighted the coordinated planning and management of winter pressures and other periods of enhanced demand on the system. Activity and performance analysis from previous winters and the COVID-19 pandemic had been considered to inform recommendations, which were noted in the Plan. A summary of the provider and systems robust governance arrangements and Winter Risk Register had been included, along

with details of the additional CCG and LA funded schemes. Plans outlining the flu vaccination programme had also been included, and it was noted that winter communications would be key this year. Details had been provided of how national campaigns would be aligned with local communications to patients, GP practices, pharmacies and community services. It was noted that the Staying Well This Winter leaflet would be targeted at residents living in areas that historically had a low take up of the flu vaccination. In response to a question from a Co-opted Member, the Senior Commissioning Manager advised that Public Health England had produced an 'easy read' version of the winter campaign communications, which could be circulated following the meeting.

The Chairman said that several of her constituents had indicated that they had been unable to access flu vaccinations at their GP practices, and were advised to contact their local pharmacy. The Chairman raised concerns over the availability of flu vaccinations. The Senior Commissioning Manager noted that the stock of vaccinations needed to be managed carefully as the national immunisation programme had been extended to include the 50-64 year old cohort. The vaccinations were therefore being staggered, providing them to the over 65's and vulnerable patients first, and then the 50-64 year old age group. These concerns were shared, and had been fed back to the national stock – they were in constant contact through the primary care team and flu immunisation group to ensure that local pharmacies and GP practices had as much stock available as possible.

A Co-opted Member highlighted the recommendations made for 2020/21, to 'consider an admission avoidance approach for frail and elderly patients and those with respiratory conditions to reduce pressure on hospital based care throughout winter', and asked for assurances that patients would be adequately supported with welfare calls. The Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau advised that admissions avoidance was part of the community respiratory pathway. This was being developed with clinicians from the CCG, Bromley Healthcare and King's College Hospital NHS Foundation Trust to avoid extremely vulnerable patients being admitted to hospital, wherever possible – ensuring these patients were clinically safe, and that all care provided in the home environment was sufficient and appropriate. If a patient did require hospital care, this would be actioned in way that did not put them at increased risk. It was noted that the clinical oversight and care was very robust and was the key driver in the development of the care pathway. In response to a further question from the Co-opted Member, the Senior Commissioning Manager advised that digital exclusion had been considered with regards to the respiratory pathway. Referrals were most likely to come from a patients GP, or a hospital, and the patient would be able to indicate their preferred method of contact, including via telephone or a face to face visit at their home.

In response to a question, the Senior Commissioning Manager said he believed there was online access to the 111 Direct service, and following the meeting he would confirm what 111 provision was available to patients who were deaf. It was highlighted that the 111 direct booking pilot was not to stop

walk-in attendances, but to help the Emergency Department to manage their flow of patients. This would stop them being “overloaded” and allow social distancing guidelines to be adhered to in the waiting rooms.

The Co-opted Member representing Experts by Experience (X by X) said they had been notified earlier in the year that some direct payment users had encountered difficulties in accessing PPE, particularly for their PA’s, and asked if it would now be more readily available. The Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau acknowledged that this had been an issue at the time, however national guidance had now been updated making it clear that the LA was equally responsible for those people they directly funded, as well as self-funders and those receiving direct payments. Work was underway across the LA to consider how best to proactively engage with a much wider cohort, to ensure they had sufficient and robust access to PPE. It was noted the LA’s PPE hub had been run very successfully and had delivered items to a variety of people and local care providers. Several CQC registered providers now accessed PPE through the national portal, which would allow the local hub to focus on the groups mentioned.

In response to a question relating to the summary of organisations assurance plans, the Senior Commissioning Manager advised that there was a South East London A&E Delivery Board, under which sat the Bromley A&E Delivery Board. The Bromley A&E Delivery Board focussed on day to day operational issues and relationships with local provider leaders, as well as providing a forum for discussions around how each plan fitted and aligned with each of the others. An example of this was providing health and care at home – each provider or organisation would look internally at what they could do, and then put forward suggestions. The Bromley A&E Delivery Board would then take the proposals to the system, allowing for comments as to how this would fit into the current services provided and check for any duplication. The Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau noted that the rationale behind having a single system plan was to look at themes and issues, rather than each individual organisation. The A&E Delivery Board then created multi-agency sub-groups to hold providers to account.

The Co-opted Member representing Experts by Experience (X by X) noted the reference made to a ‘focus on supporting vulnerable groups to prevent the need for hospital based care’, and said that the organisation would like to contribute to the strategic scheme, supporting local disabled people to ensure support was delivered in an empowering and accessible way. The Senior Commissioning Manager agreed that this could be discussed in further detail outside of the meeting.

The Chairman thanked the Senior Commissioning Manager and the Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau for their update on the Bromley Winter Assurance Plan 2020/21.

19 UPDATE FROM BROMLEY HEALTHCARE

Jacqui Scott, Chief Executive Officer – Bromley Healthcare (“Chief Executive Officer”) and Janet Ettridge, Director of Operations – Bromley Healthcare provided an update on the COVID-19 response by Bromley Healthcare.

The Chief Executive Officer informed Members that over the previous eight months, staff at Bromley Healthcare had been fantastic, despite the unprecedented challenges being faced. The teams had continued to put patients and their families at the heart of everything they did. During this period, they had undertaken 261,000 face to face visits and 74,000 virtual consultations, either by phone or video. At the July meeting of the Health Scrutiny Sub-Committee, it had been reported that 30% of the organisation had been repurposed, and there had been several “success stories”, including a number of colleagues who had not wanted to return from the nursing teams to their original roles, and were now retraining. The redeployment of teams and cross training of clinicians had also reduced silos within them, and a real insight had been gained into understanding what other services delivered.

The current issues for Bromley Healthcare were waiting lists and a workforce that was tired, due to grappling with both professional and personal challenges. It was not possible to continue to operate as they had previously, and the organisation would be working towards establishing self-regulated teams, the benefits of which had been highlighted during the pandemic. An example of this had been demonstrated at a meeting earlier that day, with a presentation from a team who were empowering patients through a self-care pathway as part of their transformation. Data had also been used to help support and understand the impact of interventions provided by the District Nursing team, and “bite size” training videos had been developed to support other teams.

The Chief Executive Officer highlighted the data provided to Members relating to the Single Point of Access (SPA). The SPA allowed patients to be discharged from hospital much quicker, which reduced the length of stay in both the rehab bedded unit and the home pathway unit. The length of stay in beds had decreased by an average of 2.42 days per month (-12.3%) against the same period last year, with a corresponding average increase of 5 additional patients discharged per month (+13%). The length of stay in the home pathway had decreased by an average of 5.12 days per month (-21%) against the same period last year, with a corresponding increase of 35 additional patients discharged per month (+51%).

The Bromley Community COVID Monitoring Service had been established at the beginning of the pandemic, to accept referrals from 111 and GP practices for residents in the borough with suspected COVID-19. Advice was provided to the residents, and if necessary, they would receive a daily monitoring call until they felt well enough to be discharged. Patient feedback indicated that of those who responded, 95% felt supported through this service. However, as the service was new, Bromley Healthcare wanted to gain a better understanding of patients ongoing symptoms. A snapshot of this had been

provided, and a link to the full survey would be provided to Members following the meeting. The data charted each patient's journey from referral, into the Community COVID Monitoring Service – looking at the symptoms they displayed; whether they were admitted to hospital; if they experienced any ongoing symptoms; and the advice available to them.

Bromley Healthcare's 'Restart Programme' was now in full progress, with all services "back up and running" – however there was some reduced clinic-based capacity. There were several challenges relating to the estate of the Hollybank unit and it was not yet fully operational. It was hoped that within the next two weeks, overnight stays could resume (any of which had been lost would be made up), and in the meantime day breaks were being provided for families.

The Chief Executive Officer noted that historically, the staff uptake of the flu vaccination had been quite low. However, only two weeks into the current programme, 36% of the workforce had already received their vaccinations. As these vaccinations were more important than ever this year, the patient reference group had been enlisted to provide some quotes, and share stories of why they felt healthcare professionals should get the flu jab.

Members were advised that the Bromley Healthcare 0-19 service had gone live, as planned, on the 1st October 2020. A socially distanced induction day had taken place to welcome the new team members to the organisation, all of whom had been provided with laptops and iPhones to carry out their roles.

The Chairman led Members in thanking Jacqui Scott and Janet Ettridge for the update regarding the work of Bromley Healthcare.

20 UPDATE FROM OXLEAS NHS FOUNDATION TRUST

The Sub-Committee received a presentation from Adrian Dorney, Associate Director – Oxleas NHS Foundation Trust ("Associate Director") and Lorraine Regan, Service Director – Oxleas NHS Foundation Trust ("Service Director"). An update was provided on how the Oxleas NHS Foundation Trust had continued to deal with COVID-19 related issues and demand post lockdown.

The Service Director highlighted the Trust's appreciation for how hard their staff had worked over this difficult period, and the extent to which they had gone to ensure the continuation of services.

The focus over the previous couple of months had been on continuing to modify plans and look at how best to run services to make them resilient throughout the winter period. As mentioned at a previous meeting of the Health Scrutiny Sub-Committee, a ward at Green Parks House had been closed at the beginning of the pandemic. A decision had been taken for it remained closed, as it allowed the staff to be redeployed to other wards and removed the need for a heavy reliance on temporary staff. This also benefitted patients as there was better continuity and quality of care. To date,

admission numbers had remained in line with the reduced capacity. In relation to digital capabilities, the Service Director noted that the Trust were seeing a broadly equal split between requests for virtual and face to face support.

It was noted that there were not currently any patients that had tested positive for COVID-19 on the Trust's wards, and staff were adhering well to the PPE guidance and keeping themselves safe. Over the last six months it had become apparent how much the staff valued regular communications and positive feedback. It had been acknowledged that this had not always happened, and special efforts were being made to keep in contact with staff via online communication and drop in visits.

The Associate Director noted that after an initial peak in staff sickness at the beginning of the COVID-19 pandemic, there had been a downward trend across the whole Trust, and the Bromley Directorate sickness had remained under the Trust trend level. In the early stages of the pandemic, it was believed that lack of clarity about the nature of the virus may have contributed to staff anxiety levels, which had caused some increase in sickness absence. It was also considered that the fall in sickness rates following this may in part be attributed to staff commitment towards maintaining NHS services in the face of a national crisis.

The Oxleas Primary Care Plus service (PCP) was the community assessment team for referrals into secondary care services. In the early stages of the COVID-19 pandemic, referral numbers had reduced significantly. This was believed to be due to a combination of both the initial lockdown and the general public anxiety regarding the potential risks of contact with services and / or people. However, since the public messaging from the Government had changed, encouraging people to return to accessing healthcare services, the referral rate had shown an upwards trend – recently hitting a 12-months high. Yet as services had not experienced high sickness absence, the Trust had been in a good position to respond to this demand.

The Oxleas Mental Health Liaison Team (MHLT) worked in the Accident and Emergency Department and wards at the Princess Royal University Hospital (PRUH). This service had also seen a reduction in the number of referrals during the early stages of the pandemic, for the same reasons previously stated. However, the referral rate had since increased steadily back up to the expected levels. The Associate Director noted that the Trust had been able to maintain low admission rates of between 15% and 25% of those referred to mental health services through the MHLT. This was attributed to the input of the Oxleas Home Treatment Team and Community Mental Health Services, supporting people to access treatment and support in their own homes.

The Service Director highlighted that an area which had seen a rise in demand over the last few months was the Early Intervention in Psychosis Service, which was a concern as these people were very unwell. Further work would need to be undertaken to look at how many of these referrals were linked to the pandemic, but it was assumed that a proportion of this was due to their experiences during this period. Additional posts had recently been

agreed to support this service. The Trust was also working hard to ensure a good uptake of the staff flu vaccinations. Around 25% of the directorate had been vaccinated – current trends showed that a significant proportion had been receiving it for the first time. All the available vaccinations had been used, and more were due to arrive. Last year, 60% of the workforce had been vaccinated, and this year they were aiming for an even higher figure.

The Chairman led Members in thanking Adrian Dorney and Lorraine Regan for their presentation to the Sub-Committee.

21 UPDATE FROM HEALTHWATCH BROMLEY

Mina Kakaiya, Operations Manager – Healthwatch Bromley (“Operations Manager”) provided an update to the Sub-Committee regarding their services during the Coronavirus pandemic, and the Healthwatch Bromley Quarter 1 Patient Engagement Report.

The Operations Manager extended thanks to her team for the work that they had undertaken during the pandemic. During this period, Healthwatch Bromley had continued to provide their signposting service via phone, email and website. The website updates had been increased, with a specific COVID-19 page added, and work had been undertaken to raise awareness and enhance the Healthwatch Bromley social media platform. Patient feedback had also continued to be gathered, adapting from the usual method of face to face engagement due to COVID-19. To address this, the online review platforms had been extended, and community engagement had taken place via Zoom.

With regards to the Healthwatch Bromley Quarter 1 Patient Engagement Report, the Operations Manager noted that the target of 600 reviews had not been met, as patient experience visits were put on hold – however, 300 views had been collated. Feedback had been received from pharmacies and social care services, such as care homes. The positive comments received had related to themes such as cleanliness, hygiene, infection control, access to services and staff attitude. The main elements of negative feedback received related to digital exclusion, lack of communication and long waiting time for prescriptions.

Members enquired if the issues highlighted were fed back directly to individual services and providers, and if any had been followed up on. The Borough Based Director – SEL CCG noted that they were aware of some of the issues mentioned, but in order for others to be addressed, they should be fed through to the Borough Based Board at the earliest opportunity. The Operations Manager said that the report was shared strategically to committees, and it was hoped that partners would then share the findings with individual services. However, this was something which could be reviewed, looking at how best to share the information received with stakeholders.

The Chairman thanked Mina Kakaiya – Operations Manager, Healthwatch Bromley for her update to the Sub-Committee.

22 JOINT HEALTH SCRUTINY COMMITTEE VERBAL UPDATE (REPRESENTATIVES)

Councillor Judi Ellis, Chairman – Our Healthier South East London Joint Health Overview and Scrutiny Committee provided an update from the meeting held on 2nd September 2020.

Members were advised that the Committee had received an update in relation to the CCG merger, COVID-19 response and recovery planning, and a short work programme had also been created. The SEL CCG had held a number of virtual meetings, and Members were encouraged to look at the papers included in the agenda pack for the meeting.

It was noted that the next meeting of the Our Healthier South East London Joint Health Overview and Scrutiny Committee would take place between the 1st and 3rd December 2020. The Commissioning Team would be attending to present an update on issues across the Board, and the Committee would be looking to identify good practice as part of their scrutiny role.

A Member highlighted the information flow from the Our Healthier South East London Joint Health Overview and Scrutiny Committee, to the Health Scrutiny Sub-Committee – the issue of which had recently been raised at the Adult Care and Health Policy Development and Scrutiny Committee (ACH PDS). The Chairman – Our Healthier South East London Joint Health Overview and Scrutiny Committee advised that since it had been formed, information relating to the Committee had been available on the Council's website, however it was suggested that a link to the agendas and minutes could be circulated to Members. The Portfolio Holder for Adult Care and Health noted that some confusion may have arisen, as previously the same Member had sat on both the ACH PDS Committee and Health Scrutiny Sub-Committee.

23 WORK PROGRAMME 2020/21 AND MATTERS OUTSTANDING

The Chairman noted that if a special meeting was to be held with representatives from the King's College Hospital NHS Foundation Trust, items for discussion would need to be provided to the clerk within the next few days.

A Member noted the item on 'Post-winter follow up on patient flow / discharge', which was marked as 'to be scheduled', and enquired as to when this might be brought to the Committee. The Borough Based Director – SEL CCG advised that during the first phase of the pandemic, the discharge arrangements had changed completely. It was suggested that it may be helpful to deliver an update at the next meeting of the Health Scrutiny Sub-Committee, providing a view as to how the Single Point of Access (SPA) and new discharge arrangements had worked.

24 ANY OTHER BUSINESS

The Chairman informed members of a recent news item, which had indicated that no blood tests were being carried out across the whole country, and asked for reassurance that this was not the case. The Borough Based Director – SEL CCG responded that she had been surprised by this article, and advised that this had been conflated by two different issues.

The first issue was that due to the pandemic, hospitals across the country had removed the option of walk-in blood test, and the number of bookable appointments had been reduced – allowing the focus to be on tests for those in Inpatients and A&E. In Bromley, a drive through system had been implemented to increase the number of booked appointments at various community venues. Subsequently, hospitals had started doing blood tests – but to help with patient flow and reduce risk, all were required to be booked and additional slots had been provided in the community. In other areas of the country, this approach had not been taken with regards to alternative arrangements, and therefore some difficulties were being encountered.

The second issue was that over the last couple of months, one of the companies that supplied reagents to hospitals had changed their distribution arrangements. As a result, there had been issues getting their products from the warehouse into the hospitals. Consequently, hospitals had run short of these products. Laboratories had also written to GP practices asking them not to undertake as many blood tests and / or ask patients to delay having them carried out.

Bromley had been fortunate, as King's College Hospital NHS Foundation Trust had not ran out of any urgent supplies, however Lewisham and Greenwich were slightly more affected, and some phlebotomy services had been reduced. All staff in hospitals and the community had been asked to consider the blood tests they were ordering for patients – in Bromley there had not been a reduction, but some patients may have experienced a delay in receiving their results. It was noted that most hospitals across the country now had an adequate supply of reagents, and were content that these were adequate to resume normal services.

RESOLVED that the issues raised be noted.

25 FUTURE MEETING DATES

4.00pm, Thursday 14th January 2021

4.00pm, Tuesday 23rd March 2021

The Meeting ended at 5.18 pm

Chairman

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